Approved for use through 11/30/2005. OMB 0551-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Under the Paperwork Reduction Act of 1995, no persons are re	quired to respond to a collection of info	ormation unless it displays a valid OMB control number.
	Application Number	10/649,495
POWER OF ATTORNEY	Filing Date	8/27/2003
and CORRESPONDENCE ADDRESS INDICATION FORM	First Named Inventor	WU, Wen-Lian
	Title	SELECTIVE D1/D5 RECEPTOR ANTAGONISTS FOR THE TREATMENT OF OBESITY AND CNS DISORDERS
	Art Unit	1624
	Examiner Name	To Be Assigned
	Attorney Docket Number	CN01622US01

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
Practitioners associated with the Customer Number:	Practitioners associated with the Customer Number: 24265					
Practitioner(s) named below:						
Name	Regist	ration Number				
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transact all bus	siness in the United States Patent and				
Please recognize or change the correspondence address for t	the above-identified application to:					
The address associated with the above-mentioned C						
OR						
The address associated with Customer Number:	24265					
OR [						
Individual Name						
Address						
City	State	Zip				
Country						
Telephone I am the:	Fax					
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR						
Statement under 37 CFR 3.73(b) is enclosed. (Form i						
/	Applicant or Assignee of Record					
Signature Anan A. Burnett		Date 3/19/2007				
Name DUANE A. BURNETT		Telephone				
Title and Company						
NOTE: Signatures of all the inventors or assignees of record of the entir signature is required, see below*.	re interest or their representative(s) are requi	red. Submit multiple forms if more than one				
*Total of 4 forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04) Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

	initiation unless it displays a valid ONIB curitor number.
Application Number	10/649,495
Filing Date	8/27/2003
First Named Inventor	WU, Wen-Lian
Title	SELECTIVE D1/05 RECEPTOR ANTAGONISTS FOR THE TREATMENT OF OBESITY AND CNS DISORDERS
Art Unit	1624
Examiner Name	To Be Assigned
Attorney Docket Number	CN01622US01

I hereby revoke all previous powers of attorney of	iven in the above-identifi	fod annlication					
I hereby revoke all previous powers of attorney given in the above-identified application.  I hereby appoint:							
inereby appoint.							
Practitioners associated with the Customer Number:	24265						
OR							
<u> </u>							
Practitioner(s) named below:							
Name		Registration Number					
an and are atternable) or accepted to proceed to the application	the state of about the same the transport	· Calleriana in the Hall					
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	(dentified above, and to trails	act all business in the Unit	ted States Patent and				
Places recessive or change the correspondence address for	the above identified application	· .					
Please recognize or change the correspondence address for		n to:					
The address associated with the above-mentioned ( OR	Sustomer Number:	·					
OK	0.4005						
The address associated with Customer Number:	24265						
OR Firm or							
Firm or Individual Name	Firm or Individual Name						
Address							
City	State	Ziţ	р				
Country							
Telephone	Fax						
am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR	₹ 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form							
SIGNATURE of Applicant or Assignee of Record							
Signature Wentands		Date	3/19/2007				
Name WEN-LIAN WU		Telephone					
Title and Company	<u> </u>						
NOTE: Signatures of all the inventors or assignees of record of the ent signature is required, see below*.	ire interest or their representative(s)	s) are required. Submit multipl	le forms if more than one				
*Total of 4 forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-04) Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of info

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	40/040 405
· · · · · · · · · · · · · · · · · · ·	10/649,495
Filing Date	8/27/2003
First Named Inventor	WU, Wen-Lian
Title	SELECTIVE D1/D5 RECEPTOR ANTAGONISTS FOR THE TREATMENT OF OBESITY AND CNS DISORDERS
Art Unit	1624
Examiner Name	To Be Assigned
Attorney Docket Number	CN01622US01

I hereby revoke all previous powers of attorney given in the above-identified application.							
	ill previous powers	of attorney gi	iven in the	above-ide	entified applica	ation.	
I hereby appoint:							
× Practitioners as	ssociated with the Custo	d with the Customer Number: 24265					
OR							
Practitioner(s)	named below:						
	Name				Registration	on Number	
				Δ			
as my/our attorney(s)	or agent(s) to prosecute	the application	identified at	ove and to t	raneart all husing	ce in tha l l	nited States Patent and
Trademark Office con	nected therewith.	э ше арупсасо	Identino au	ove, and to t	iansact an posit	35 m mc O	mileu States Faterit and
Please recognize or c	hange the corresponde	nce address for t	he above-id	entified appli	cation to		
X					Calion to.		
The address OR	associated with the ab	ove-mentioned C	Customer Nu	mber:		ı	
				24265			
	s associated with Custo	mer Number:		24265	'		
OR Firm or		]					
Individual	Name						
Address							
City				State			Zip
Country							
Telephone				Fax			
lam the:							
L Applicant/inv							
	record of the entire inter nder 37 CFR 3.73(b) is e						
SIGNATURE of Applicant or Assignee of Record							
Signature	Willie	un a	1200	-100		Date	3/19/07
Name	WILLIAM J. GREEN	ILEE /			T <sub>1</sub>	elephone	91111111
Title and Company				<u> </u>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 4	forms are subr	nitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respo

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM

	Attlation unless it displays a valid ONIS control number.			
Application Number	10/649,495			
Filing Date	8/27/2003			
First Named Inventor	WU, Wen-Lian			
Title	SELECTIVE D1/D5 RECEPTOR ANTAGONISTS FOR THE TREATMENT OF ORESITY AND CNS DISORDERS			
Art Unit	1624			
Examiner Name	To Be Assigned			
Attorney Docket Number	CN01622US01			

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
[]				0.4005			
	Practitioners associated with the Customer Number: 24265						
OR		ŧ.					
Practitioner(s)	named belo	w:					
		Name			Registration Numb	per	
					****		
	***************************************						
as my/our attorney(s) Trademark Office con	or agent(s) nected ther	to prosecute the application in ewith.	dentified a	bove, and to transact	all business in the	United States Patent and	
Please recognize or c	hange the c	correspondence address for the	ne above-io	fentified annlication to			
V		with the above-mentioned C			•		
OR	associated	with the above-mentioned Ci	ustomer ivi	imber:			
Th		3 70 0 11		24265			
The address associated with Customer Number:  OR							
Firm or Individual	Name						
Address							
City				State		Zip	
Country			····				
Telephone Fax							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	Su	<u> 4</u>			Date	3-19-2007	
Name	THAVAL	AKULAMGARA K. SASIKI	JMAR		Telephone		
Title and Company	<u>L.</u>						
NOTE: Signatures of all the signature is required, see	ne inventors o below*.	or assignees of record of the entire	e interest or	their representative(s) ar	e required. Submit n	nultiple forms if more than one	
*Total of 4	for	ms are submitted.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.D. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.